



Arizona Medical Board

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DRAFT MINUTES FOR JOINT TELECONFERENCE OF SUBCOMMITTEE ON PHYSICIAN ASSISTANT SUPERVISION

**Held at 12:00 p.m. on Wednesday, July 25, 2007
9545 E. Doubletree Ranch Road • Scottsdale, Arizona**

Subcommittee Members

Robert P. Goldfarb, M.D., F.A.C.S., Chair

Ram R. Krishna, M.D.

Paul M. Petelin, Sr., M.D.

CALL TO ORDER

The meeting was called to order at 12:00

ROLL CALL

The following Subcommittee Members were present Robert P. Goldfarb, M.D., Ram R. Krishna, M.D., and Paul M. Petelin, Sr., M.D.

Also in attendance were the following Subcommittee members from the Arizona Regulatory Board of Physician Assistants: Michael E. Goodwin, P.A., James Edward Meyer, M.D., and Peter C. Wagner, D.O. Sigmund G. Popko, J.D., was absent.

CALL TO PUBLIC

There was no one present to speak during the call to public.

Rich Bitner, Legislative Counsel for Arizona State Association of Physician Assistants (ASAPA), Karen Owens on behalf of the Arizona Hospital and Healthcare Association (AzHHA), and Karen Connell from Mutual Insurance Company of Arizona (MICA), observed the meeting.

NON-TIME SPECIFIC ITEMS

I. Approval of Minutes

February 7, 2007 Subcommittee Meeting Minutes

MOTION: Ram R. Krishna, M.D. moved to approve the February 7, 2007 Meeting Minutes.

SECONDED: Paul M. Petelin, M.D.

VOTE: 3-yay, 0-nay, 0-abstain, 0-recuse, 0-absent

MOTION PASSED.

II. Review of Draft Guidelines for Physician Supervision of Physician Assistants

Timothy C. Miller, J.D., Executive Director, referenced the proposed Draft Guidelines previously provided to the Subcommittee Members, and incorporated comments provided by both the AMB and PA Subcommittees. Mr. Miller requested discussion of the proposed Draft Guidelines.

Dr. Goldfarb commented on the benefits of both Subcommittees coming together to address the issues surrounding the supervision of Physician Assistants stating it has proven to be a fruitful effort. In addition, he believes the section addressing the responsibilities for physician assistant supervision will help enhance the understanding of the Guidelines for both physician assistants (PAs) and supervising physicians (SPs). He recommended the guidelines be more specific regarding what is expected from the SPs so the term "appropriate supervision" is clearly understood by SPs and Board staff. He addressed Section IV, "The Supervising Physician's Responsibilities for Physician Assistant Supervision", (page 5, Section IV) pertaining to the SP's responsibilities for supervision. He suggested using language other than "remain aware" in the third line of Paragraph two. Ms. Cassetta offered the following substitute "review and discuss with the PA a number of charts based on the experience level of the PA, the duration of the working relationship, the practice environment, and as

otherwise indicated by the standard of care". The Committees were in agreement that this change addressed the issue. In addition, he requested further clarification to address the supervision of multiple PAs. Dr. Goldfarb stated Section V, "The Supervising Physician Agents' (SPA) Limited Role in Supervising Physician Assistants" also needed additional clarification in regard to the PA seeing the SPA's patients. With regard to Section VI, The Context of the Weekly Meeting, he suggested replacing the word "sees" with "evaluates". He also noted that if the SP and PA are working hands-on throughout the week an additional weekly meeting would not be necessary.

PA Goodwin complimented Subcommittee members on the task of exploring the issues surrounding PA supervision. He noted certain paragraphs appeared redundant and recommended using consistent language throughout the document. In addition, he raised his concerns that language becoming too technical or specific may lead to more confusion. PA Goodwin noted that PAs do not always practice in rural areas that are geographically separate from their SP and suggested striking "rural Arizona" from Paragraph 4 of Section IV. He stated the clarity of the role of the SPA is exactly how the subcommittee intended it to be relayed to the public. PA Goodwin stated a separate weekly meeting is not necessary when the PA is working with direct supervision and patient charts are scrutinized by the SP throughout the week. Dr. Goldfarb stated that the AMB's Subcommittee added additional specific language as a base of supervision and communication that was not previously defined. Dr. Krishna stated PA's are physician extenders and parameters were set to require that SPs are responsible for supervision as they do not want PAs working without proper supervision, regardless of the practice setting or location. Additionally, offices are to be overseen and a certain number of cases and charts are to be reviewed by the SPs.

Dr. Petelin questioned how "immediately available" is defined under Section I, "The Legal Requirements for a Physician Assistant to Perform Health Care Tasks" (page 2, Section I). Mr. Miller replied that although there is no definition in the statute or rule presently; the SP does not have to be physically present and accessibility by phone is sufficient if the SP can respond to the PA's request immediately. When the SP is not immediately available, for example if the SP is in surgery, the SPA should be available to respond to any of the PA's questions. Dr. Meyer suggested that although phone availability is sufficient, the guidelines should include an acceptable timeframe for the SP to respond to the PA, as established by the standard of care within the medical community. Dr. Wagner stated that if the SP is not busy, the acceptable timeframe should be fifteen to twenty minutes. Christine Cassetta, the Board's Legal Advisor, recommended specific language be added in Rule as part of the rule writing process. Karen Connell, MICA, stated that from her experience in defending physicians, specifying the time frame would be over defining the phrase "immediately available". Dr. Goldfarb stated it was unnecessary to insert a specific time frame in which the SP is required to become available. Dr. Petelin suggested stating the SP does not need to be physically present, but needs to be immediately available and Dr. Meyer agreed. Mr. Miller stated the language will be determined to help clarify the definition.

Dr. Petelin disagreed with earlier comments regarding weekly meetings being unnecessary when the SP and PA work together throughout the week. He stated that requiring a weekly meeting might force a course of discussion that otherwise might not take place during the week. In addition, a weekly meeting would provide the opportunity for the SP and PA to discuss patients whom they did not see together throughout the week. Dr. Goldfarb stated that the AMB Subcommittee had previously discussed the issue of weekly meetings being required as a minimum, but noted that this is not the standard of care in certain office settings where the SPs see each patient. The AMB Subcommittee specified in their recommendations three various settings where this would be applicable. Based on all the comments made by Committee Members, Ms. Cassetta suggested substituting "evaluates and collaborates in the treatment plan for each patient the PA treats during the week" for "sees" under Section VI, The Context of the Weekly Meeting. The Committees were in agreement with this change.

Mr. Miller referenced an email he received from PA Board Committee Member Mr. Popko with his comments. Mr. Popko pointed out that the statutes do not allow for options to the weekly face-to-face meetings and the statutes should not be circumvented. He also stated that if the SP and PA are working together but there is no discussion then they must meet weekly. Dr. Meyer agreed that if they do not discuss each and every patient daily then a weekly meeting is required. He also expressed his concern with PAs just being assigned cases and not being properly supervised. He stated that requiring a minimum would allow for the PA to have a discussion with the SP. Dr. Petelin suggested the SP and PA document weekly meetings and the cases reviewed. PA Goodwin stated typical cases are reviewed, noted and dated in patient charts and suggested requiring logs to document the meetings. Ms. Cassetta stated that language requiring meeting logs can be added to Rule at any time and Dr. Krishna felt that including this requirement was an excellent idea and would provide further clarification. Committee members discussed what number or percentage of patient charts would be acceptable for review by the SP. Ms. Cassetta stated she would re-word the language to allow for a baseline number.

Mr. Miller reported that Mr. Popko was pleased with the way in which business and employment arrangements were dealt with in Section VII, The Supervising Physicians' and Physicians' Employment and Business Relationship. He stated that there may be arrangements which may lead to conflicts of interest and believes statutory changes may be required in the future, but at this time is not proposing changes.

Dr. Petelin congratulated Subcommittee members and Board Staff on a great collaborative effort in drafting the Guidelines. Mr. Miller stated the suggested language changes would be made and sent to Subcommittee members for review. If

necessary, another joint Subcommittee meeting will be held prior to submitting the proposed Guidelines to the respective Boards for consideration.

The meeting adjourned at 1:02 pm.

Timothy C. Miller, J.D., Executive Director